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UTILITY **PATENT APPLICATION TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.	PD030016
First Inventor	Schreiber
Title	METHOD AND APPARATUS FOR PRE- PROCESSING IN A COMMON-FORMAT CENTRAL PROCESSING INPUT SIGNALS OF, OR OUTPUT SIGNALS FOR, INTERFACES OF DIFFERENT TYPE
Express Mail Label No.	EV 442920249US

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C MDED		LICATION EI		_	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450						
	спартег 600 соп	ceming utility pater	t application (contents.	Alexandria VA 22313-1450 7. □ CD-ROM or CD-R in duplicate, large table or						
1.	Fee Transmitts (Submit an original) Applicant claim See 37 CFR 1. Specification preferred arrang Descriptive title Cross Reference Statement Rega Reference to se or a computer p Background of t Brief Description Detailed Description Detailed Description Detailed Description Detailed Description Detailed Description Detailed Description Orawing(s) (35 Declaration Newly execut Copy from a (for a continual) DELETION Signed statem named in the 1.63(d)(2) and polication Data ITINUING APPL polication Data Simuation plication informa	al Form (e.g., PT and a duplicate for fee and a duplicate for fee as small entity sta 27. [Internet set forth below of the Invention e to Related Applications of the Invention of Invent	O/SB/17) In processing) In processing In processin	31] 331] 34] 35 4] 36 (d)) 36 completed) 37 px, and supplification-in-particular in-particular in-partic	8. Nucl (if ap a.	10. ☐ 37 C.F.R. 3.73(b) Statement ☐ Power of (when there is an assignee) Attorney 11. ☐ English Translation Document (if applicable) 12. ☐ Information Disclosure ☐ Copies of IDS Statement (IDS)/PTO-1449 Citations 13. ☐ Preliminary Amendment 14. ☐ Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. ☐ Other:					
		n has been inadver					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>			
			19. C	ORRESPO	NDENCE A	DDRESS					
☐ Custor	mer Number					OR 🛛 C	Correspondence address below				
Name	JOSEPH S. T	RIPOLI, PATENT (PERATIONS	3							
Address	THOMSON L	CENSING INC.									
	P. O. BOX 5312										
City PRINCETON State				NJ		Zip Code	08543-5312				
Country USA Telephone				609 - 734-6	8834	Fax	609 - 734-6888				
Name (Print/Type) Paul P. Kiel Ri					Registration No. (Attorney/Agent) 40,677						
Signature	Signature 4						Date	Febr. 10, 2004			

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PTO/SB/17 (10-03)

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EEE TO ANGMITTAL						Complete if Known								
FEE TRANSMITTAL for FY 2004							Application Number			Exp. mail: 442920249 US				
							Filing Date							
							First Named Inventor			Schre	Schreiber			
Effective 10/01/2003. Patent fees are subject to annual revision.						Exam	Examiner Name							
☐ Appl	licant c	laims s	smail	l entity s	tatus. See	37 CFR 1.	27	Art Unit						
TOTAL AMOUNT OF PAYMENT (\$) 896							Attorney Docket No. PD030016							
	METI	IOD OF	PAYN	MENT (che	eck all that app	oly)		T			FEE C	ALCULATION (continued)		
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Deposit	Account	:						Fee	Fee	Fee	Fee			
Deposit	Γ						1	Code	(\$)	Code	(\$)	Fee Description	Fee Paid	
Account Number		07-0832						1051	130	2051	65	Surcharge - late filing fee or oath		
	_ _							1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.		
Deposit Account		THOME		CENSING IN	NC.			1053	130	1053	130	Non-English specification		
Name		IHOMS	JIN LIC	ZENSING II	VC.			1812	2,520	1812	2,520	For filing a request for reexamination		
The Directo							J	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
☐ Charge fee(s) indicated below ☐ Credit any overpayments☐ Charge any additional fee(s) during the pendency of this application					1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action					
to the above					or the filing	fee		1251	110	2251	55	Extension for reply within first month		
to the above	dentin			ALCULAT	ION			1252	420	2252	210	Extension for reply within second month		
1. BAS	SIC FIL	ING FE	ΞE					1253	950	2253	475	Extension for reply within third month		
Large Entity	Sr	nall Enti	ty					1254	1,480	2254	740	740 Extension for reply within fourth month		
Fee Fe Code (\$)				Fee Desc	<u>ription</u>	Fee Paid		1255	2,010	2255	1,005	Extension for reply within fifth month		
1001 77				Utility filing	g fee	770	7	1401	330	2401	165	Notice of Appeal		
1002 34	0 200	02 17		Design fili	•		_	1402	330	2402	165	Filing a brief in support of an appeal		
1003 53	0 200	3 26	35	Plant filing	j fee			1403	290	2403	145	Request for oral hearing		
1004 77 1005 16			-	Reissue fi	J			1451	1,510	1451	1,510	Petition to institute a public use proceeding		
1005 16	0 200	<i>)</i> 5 60	,	PTOVISIONE	al filling fee	L		1452	110	2452	55	Petition to revive - unavoidable		
SUBTOTAL (1) (\$) 770							1453	1,330	2453	665	Petition to revive – unintentional			
							1501	1,330	2501	665	Utility issue fee (or reissue)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE						1502	480	2502	240	Design issue fee				
Extra Fee from Fee Claims below Paid						1503	640	2503	320	Plant issue fee				
Total Claims 13 -20 ** = 0 X = 0						1460	130	1460	130	Petitions to the Commissioner				
Independent				1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)						
Claims 4 -3 ** = 1 X 86 = 86						1806	180	1806	180	Submission of Information Disclosure Stmt				
Multiple Dependent X = 0					8021	40	8021	40	Recording each patent assignment per property (times number of	40				

									Stmt	
Multiple Dependent Large Ent	ty	Small	Entity	X = 0	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	40
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1202	18	2202	9	Claims in excess of 20	1810	770	2810	385	For each additional invention to be	
1201	86	2201	43	Independent claims in excess of 3					examined (37 CFR § 1.129(b))	
1203	290	2203	145	Multiple dependent claim, if not paid	1801	770	2801	385	Request for Continued Examination (RCE)	
1204	86	2204	43	** Reissue independent claims over original patent	1802	900	1802	900	Request for expedited examination	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent					of a design application	
			SUB	(\$) 86			ify)		Paid SUBTOTAL (3) (\$) 40	
**or number previously paid, if greater; For Reissues, see above						···-, -			(4)	

SUBMITTED BY Complete (if applicable)											
Name (Print/Type)	Paul P. Kiel	Registration No. (Attorney/Agent)	40,677	Telephone	609 734 6815						
Signature	HOR/M	1		Date	Feb 10, 2004						

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